

Application No.: 10/647,656
 Filed: August 25, 2003
 TC Art Unit: 1724
 Confirmation No.: 2132

Rev 12/04

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Via Facsimile

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Date: June 22, 2005

Attorney
 Docket No.: ESI-008BX
 (Formerly 301500.1004-123)

Sir:

In re application of: Oleg Kishkovich, et al.

Entitled: **FILTERS EMPLOYING POROUS STRONGLY ACIDIC POLYMERS**

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$) per §1.17(e).
- ☐ Enter the unentered amendment previously filed on _____ per §1.116.
- ☒ A Petition for Extension of Time for 3 month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$1,020.00) per §1.17.
- ☒ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☐ Other:

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	2 - 3	= 0	x \$200.00 =	0.00
Total	20 - 20	= 0	x \$ 50.00 =	0.00
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$360.00 =	0.00
Small Entity filing, divide by 2. Small Entity status must be asserted.				0.00
Small Entity filing, divide by 2. Small Entity status must be asserted.				0.00

- ☒ No additional fee. ☐ The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$) for the cost of same.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Frank M. Lawrence, Jr., TC Art Unit 1724, Fax No. (703) 872 9306, on June 22, 2005.

Thomas O. Hoover
 Attorney of Record: Thomas O. Hoover
 Registration No.: 32,470

TOH/dxr/s22819_1

PAGE 2/12 * RCVD AT 6/22/2005 4:31:11 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-1/7 * DNS:8729306 * CSID:6176950892 * DURATION (mm:ss):02:48

07/01/2005 TLOVELAC 00000001 230804 10647656

01 FC:1253 1020.00 DA

07/01/2005 TLOVELAC 00000001 230804 10647656
 Sale Ref: 00000001 DRH:48
 01 FC:1253 1020.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10647656

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	8	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20 = *	0
INDEPENDENT CLAIMS	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20	Minus ** 20	=
Independent	* 2	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	170

SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.